

BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/		-				51			
2	/						52			
3	/		/				53			
4			/				54			
5			/				55			
6			/				56			
7			/				57			
8			/				58			
9			/				59			
10			/				60			
11			/				61			
12			/				62			
13			/				63			
14			/				64			
15			/				65			
16			/				66			
17			/				67			
18	/		/				68			
19		/	/				69			
20	/	X	/				70			
21		/	/				71			
22		/	/				72			
23		/	/				73			
24							74			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	\$1						TOTAL IND.			
TOTAL DEP.	187						TOTAL DEP.			
TOTAL CLAIMS	21						TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS